

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

EMPLOYEE NAME: _____

EMPLOYEE ID NUMBER: _____

I (we) authorize the "City of Waterbury" hereinafter called COMPANY, to initiate credit entries to my (our)
[] Checking [] Savings Account (select one) indicated below at the depository financial institution named below, hereinafter
called DEPOSITORY, and to debit the same to such account.

PLEASE ATTACH A VOIDED BANK CHECK OR A DEPOSIT SLIP (for savings account only) TO THIS FORM

DEPOSITORY

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

9-DIGIT ABA/ROUTING #: _____ ACCOUNT #: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination is such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. By signing up for Direct Deposit of Payroll, I acknowledge that adjustments to my pay submitted to the Payroll Department after the normal cut-off will be processed in the next pay cycle.

NAME(S): _____

DATE(S): _____

SIGNATURE(S): _____